

DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **3256**

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>4464</b>		Registrar's No. <b>877</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Overland</b>		c. LENGTH OF STAY (In this place) <b>5 weeks</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Columbia</b>		<b>8105</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>9521-Everman Ave.</b>				d. STREET ADDRESS (If rural, give location) <b>830-Range Line</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) <b>Elizabeth</b> c. (Last) <b>Coons</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 19, 1951</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Sept. 21, 1861</b>	
9. AGE (In years last birthday) <b>89</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (State or foreign country) <b>Columbia, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>							
13a. FATHER'S NAME <b>Elias Paton</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Self</b>		14. NAME OF HUSBAND OR WIFE <b>George W. Coons</b> <b>Ded.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>None</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>C.A. Hagan 9521-Everman Av Overland, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Degeneration</b> INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs</b> ANTECEDENT CAUSES <b>Hypertension</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>General Infirmitas</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>12-20</b> , 19 <b>50</b> , to <b>1-19</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>1-18</b> , 19 <b>51</b> , and that death occurred at <b>11:00 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Herman J. Kloos, M.D.</b> (Degree or title)				23b. ADDRESS <b>9621 Lombard St.</b>		23c. DATE SIGNED <b>1-20-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>1-22-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Columbia, Mo. Via Motor</b>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <b>1/21/51</b>		REGISTRAR'S SIGNATURE <b>Hubert P. Tomke, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>William B. ...</b> ADDRESS <b>2504 Woodson Rd - Overland, Mo.</b>			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by 3454

working under my personal supervision.

Student Embalmer No. ....

Signed

*David C. Gibson*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3454

P. O. Address Overland, 14, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.